



Case Study

AYURVEDIC TREATMENT OF AGANTUJA SANDHIVATA (POST TRAUMATIC OSTEOARTHRITIS OF KNEE) - A CASE STUDY

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ABSTRACT

Sandhigat vata is one of the most common degenerative articular disorder of the geriatric age group. It is a type of *Vatavyadhi* which mainly occurs in *Vridhnavastha* due to *Dhatukshaya* limiting routine activities. Lifestyle, excessive weight, trauma and calcium deficient diet, age factor are some of the causative factors. Trauma or joint injuries are becoming more common reason of OA in younger adults. It being a *Vatavyadhi*, located in *Marmasthisandhi* and its occurrence in old age group makes it *Kasthasadhya*. *Vata dosha*, is mainly affected in this disease which creates *Sandhishool*, *Sandhishoth*, *Vatapoornadruti sparsha*, lack of movements of joints or painful movements of joints i.e., *Prasaran aakunchan pravrutti savedana*. The present case report is a case of *Agantuj/Kshataj sandhivata* i.e. post traumatic osteoarthritis (PTOA). The assessment of efficacy of treatment was done by Knee Injury and Osteoarthritis Outcome Score (KOOS). Total two assessments were done, before treatment and after 3 months of treatment. After completion of the treatment, significant improvement was seen in pain, swelling, range of movement, walking distance and knee related quality of life of patient. The patient was successfully managed with Ayurvedic line of treatment. It can be concluded that PTOA cases can also be managed successfully with Ayurvedic intervention.

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INTRODUCTION

Osteoarthritis is a degenerative joint disorder characterized by degeneration of joint cartilage and adjacent bone that can cause joint pain and stiffness.^[1] Osteoarthritis is the most common joint disorder affects both men and women equally especially in old age people. Joint injuries are becoming more common reason of OA in present era. The cascade of events that follows these joint injuries have been shown to increase the risk of PTOA by 20-25%.^[2] PTOA develops after joint and causes lifelong pain as well as disability. Mechanical causes of PTOA falls in two categories; acute structural damage which is induced by the intense loads occurring at the instant of joint injury and gradual onset structural damage with compositional degeneration of joint cartilage due to chronic loading abnormalities of injured joints.^[3]

Sandhigatavata (Osteoarthritis) is included and explained under *Vatavyadhichikitsa* (treatment

of diseases of *Vata*). When *Vata dosha* aggravates (*Kopa avastha*) takes *Ashraya* in *Sandhi Pradesh* and creates the symptoms like *Shotha* (swelling), *Vedana* during *Prasaran* and *Akunchan* i.e. pain during movements of joints.^[4] One of the reasons of such a *Prakopa* of *Vata* is an injury to the joint injury. Unfortunately, current treatment modalities too often fail to prevent the development of PTOA (*Agantuj sandhivata*). Modern treatment for joint injuries includes surgical intervention only which is not sufficient to regenerate normal joint structure. Here comes the role of Ayurvedic treatment modalities. *Acharya Sushruta* has explained many treatment modalities. Among them *Snehan* and *Swedan*^[5] are most important to compensate *Dhatukshaya*. Hence the present case was selected for the management with Ayurvedic intervention.

Case Study

A 70 year old male patient, Hindu by religion, Ex-service man by occupation, visited to the OPD of Jiva Ayurveda Clinic, Faridabad on 07-07-2018, presented with C/O severe pain and swelling in B/L knee joint (Lt.>Rt.) along with difficulty in walking and climbing stairs since 3 months. *Vysana*: Nil. Examination of the knee revealed, *Sandhishoth* (swelling) around both knees, more in left knee joint, tenderness in left knee joint, associated with audible crepitations in both knee joints. The extension and flexion movements of both knee joints were restricted with severe pain.

Vitals: Pulse rate: 76/min., regular; B.P.: 130/80 mmHg. Temp. : 98.6° F

Ashtavidha Pareeksha

S. No.	Sthan	Lakshan
1	Nadi	78/min.
2	Mutra	Samyak
3	Mala	Vibandh
4	Jihwa	Saam
5	Shabda	Prakrut
6	Sparsha	Ruksha, khara
7	Druk	Prakrut
8	Akruti	Sthul

Past history: Pt. had the history of injury due to sudden lifting of heavy weight 3 months ago. Patient developed swelling and constant severe pain since then. The patient was taking allopathic

Shamana Chikitsa**Table 1: Abhyantara chikitsa for first month**

Sr. No.	Churna	Anupan	Dose
1	<i>Sandhidoshhar rasayan (Alambushadi churan)</i>	Mixed all the ingredients together and took 6 gm. Twice daily with	145gms
2	<i>Godanti bhasma (Go Amrit)</i>	Water	25 gms.
3	<i>Musta Churna</i>		140gms.
4	<i>Rasnadi ghan sattva</i>		25 gms.
5	<i>Ashwagandhadi ghan sattva</i>		25 gms.

Sr. No.	Tablets	Anupan	Dose
1	<i>Trayodashang guggulu</i>	Water	2 Tabs. Twice daily
2	<i>Mahavatvidhwansan ras</i>	Water	1Tab. twice a day

Table 2: Abhyantara chikitsa for second month

Sr. No.	Churna	Anupan	Dose
1	<i>Sandhidoshhar rasayan (Alambushadi churan)</i>	Mixed all the ingredients together and took 6 gm. Twice daily with	145gms
2	<i>Godanti bhasma (Go Amrit)</i>	Water	25 gms.
3	<i>Musta Churna</i>		140gms.
4	<i>Rasnadi ghan sattva</i>		25 gms.
5	<i>Ashwagandhadi ghan sattva</i>		25 gms.

treatment, but did not get proper relief in pain and swelling. He was being prescribed with NSAIDS. Then he decided to switch over to Ayurvedic treatment. Patient was overweight. There was no H/o DM, HTN, Asthma or any other systemic disease. There was no P/H/O any surgery.

Diagnosis, Assessment and Treatment

Diagnosis of *Agantuj* or *Kshataj sandhivata* i.e. post traumatic arthritis of knee was made based on history and physical examination of patient.

Samprapti ghatak

Dosha : Vata

Dushya : Asthi, Sandhi, Ras and Rakta

Adhishthan : Asthi, Sandhi

Srotas : Asthivaha, Majjavaha

Srotodushti : Sang, Granthi, Vimargagaman

Agni : Visham

Rogmarg : Bahya

Vyadhi Swabhav: Kashtasadhya

Nidana : Aagantuj Sandhivata Post traumatic osteoarthritis (PTOA)

Treatment is aimed to reduce pain and swelling of knee joint and to improve the range of movement and thereby increasing the quality of life.

Chikitsa Sutra

1. *Nidan Parivarjan*: To avoid heavy exercises or exertion
2. *Shaman Chikitsa Sutra*: VataShaman and Rasayan
3. *Sattvaavjaya Chikitsa*: Meditation

Sr. No.	Tablets	Anupan	Dose
1	<i>Trayodashang guggulu</i>	Water	2 Tabs. Twice daily
2	<i>Mahavatvidhwansan ras</i>	Water	1Tab. twice a day

Table 3 : *Abhyantara chikitsa* for third month

Sr. No.	Churna	Anupan	Dose
1	<i>Sandhidoshhar rasayan (Alambushadi churan)</i>	Mixed all the ingredients together and took 6 gm. Twice daily with Water	145gms
2	<i>Balamool churan</i>		25 gms.
3	<i>Musta Churna</i>		140gms.
4	<i>Rasnadi ghan sattva</i>		25 gms.
5	<i>Ashwagandhadi ghan sattva</i>		25 gms.

Sr. No.	Tablets	Anupan	Dose
1	<i>Trayodashang guggulu</i>	Water	2 Tabs. Twice daily
2	Tab. Arthritis	Water	1Tab. twice a day

Table no. 4 : *Abhyantara chikitsa* for fourth month

Sr. No.	Churna	Anupan	Dose
1	<i>Sandhidoshhar rasayan (Alambushadi churan)</i>	Mixed all the ingredients together and took 6 gm. Twice daily with Water	145gms
2	<i>Balamool churan</i>		25 gms.
3	<i>Musta Churna</i>		140gms.
4	<i>Rasnadi ghan sattva</i>		25 gms.
5	<i>Ashwagandhadi ghan sattva</i>		25 gms.

Sr. No.	Tablets	Anupan	Dose
1	<i>Trayodashang guggulu</i>	Water	2 Tabs. Twice daily
2	Tab. Arthritis	Water	1Tab. twice a day

Pain Calm Oil was given to the patient for external application daily followed by steam.

Specific Advice

Regular mild exercise as advised.

Soak 3 almonds, 2 walnuts and 1 fig in water at night and eat early morning.

Patient was assessed twice i.e. before treatment and after three months of treatment. To assess the efficacy of treatment ‘Knee Injury and Osteoarthritis Outcome Score (KOOS)’ was used. KOOS is a questionnaire designed to assess the short and long term outcome following knee injury. It is self administered and assesses five outcomes: pain, symptoms, activities of daily living, sport and recreation function and knee related quality of life. The scores are transferred to 0-100 scales, with zero representing extreme knee problem and hundred representing no knee problem. KOOS is a likert type of scale with all items having five possible answer option scored from 0 (no problem) to 4 (extreme problem).

Table 5: Efficacy of Treatment on KOOS

Time of Assessment	Pre Treatment (7/7/2018)	Post Treatment (15/10/2018)
Pain	19.44	86.11
Other Symptoms	42.86	92.86
Function in daily Activity (ADL)	44.12	91.16
Function in Sports and Recreation	10.00	50.00
QOL Knee Related	25.00	81.25

Table 6: Walking distance parameter before treatment and after treatment

Time of Assessment	Pre Treatment (7/7/2018)	Post Treatment (15/10/2018)
Walking distance	600 meter	1.5 Kms.

DISCUSSION

The present case had a h/o injury so it can be turned as *Agantuj sandhivata* or post traumatic osteoarthritis. The treatment given to this patient was in accordance to the treatment principles given in the classics. The patient was given treatment on the basis of *Vatashaman* and *Rasayan* line of treatment.

1. *Sandhidoshahar rasayan (Alambushadi churan)* is having *Vatahar*, *Rasayan* and also healing property.
2. *Godanti bhasma* is acting as natural pain killer and also fulfils the calcium deficiency in bones.
3. *Rasnadi ghan sattva* is a very potent *Vatahar*.
4. *Musta* is having *Deepan*, *Pachan* action along with *Shothhar* and *Vatashaman*.
5. *Ashwagandhadi ghan sattva* is *Rasayan*. So, the combination acts on knee joint with *Vatahar*, *Rasayan*, *Shoolhar*, *Deepan*, *Pachan*, *Shothhar*, and *Rasayan* effect.
6. *Balamool churan* is added for *Balya* and *Vatashaman* effect.
7. *Trayodashang guggulu* is a potent *Vatahar*, *Shothhar*, *Vedanasthapak* and *Rasayan* drug.
8. *Mahavatavidhvansan ras* acts as *Vatashamak*.
9. Arthritis tablet is acting on swelling and also pain very effectively.
10. Thus, overall effect of drugs used, is helpful to do *Samprapti vighatan* and given significant relief.

CONCLUSION

From the above case, we can draw a conclusion that Post traumatic osteoarthritis can be successfully managed through Ayurvedic line of treatment. As Ayurvedic treatment helps to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient. Further study must be conducted on large number of patients.

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